

# Adoption Readiness & Preparation

4/26/05

A child's successful adoption involves a planning process that begins early. The following are guidelines to lead discussion among professional child welfare staff in the planning process. This is NOT all-inclusive and is designed as a tool. Consultation and staffings are critical for each child's success. The below topics are meant to guide discussion that should be based upon the individual child's developmental capabilities. Please review the Intake Policy of the Department of Health and Family Services, Adoption and Consultation Unit. Please be aware of legislation, such as the Indian Child Welfare Act and the Multi-Ethnic Placement Act.

Please note that use of this tool may vary in BPP and BMCW practice.

Name of child: \_\_\_\_\_ DOB: \_\_\_\_\_

County: \_\_\_\_\_

Worker completing form: \_\_\_\_\_

Date: \_\_\_\_\_

Is this an ICWA case?  Y  N

If yes, tribal name & contact person: \_\_\_\_\_

## **I. Child's Current Placement:**

The child is either in a "family" setting or a "treatment" setting. Go to the appropriate section and answer questions regarding the child's current living arrangement.

### **FAMILY SETTING**

A. *The child currently resides in a:*

Treatment Foster Home

OR

Foster Home >

1). Has the foster or treatment foster parent indicated a desire to adopt?

Y > Is this family able to meet the long-term needs of the child?

Y

N > Explain: \_\_\_\_\_

N > Is the provider appropriate for long-term foster or sustaining care?

Y

N

Explain: \_\_\_\_\_

Rel/Kinship

1). Has the relative care provider indicated a desire to adopt?

Y > Is the home licensable?

Y > Has a study been completed?

Y

N > Explain: \_\_\_\_\_

N > Explain: \_\_\_\_\_

N > What services might help the family to make an adoptive commitment to the child?

B). Is the indicated placement an appropriate setting for the child?  Y  N

C). Describe the setting in which the child resides: \_\_\_\_\_

### **TREATMENT SETTING**

D. *The child currently resides in a:*

Medical facility

Group home

Residential care center

Correctional facility

a). Has the child completed the treatment plan?  Y  N

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b). Has the child demonstrated the ability to adapt to a family setting with ordinary placement preparation (preparation completion in three months or less)?

Y

N ➤ What barriers exist with regard to the child's transition and adaptation to a family setting?

E). Is the indicated placement an appropriate setting for the child?

Y

N ➤ Explain: \_\_\_\_\_

F). Describe the setting in which the child resides: \_\_\_\_\_

## **II. Sibling Placement Considerations**

A. Does the child have siblings?

Y

N ➤ Proceed to section III.

B. Are the siblings currently placed together?

Y ➤ Is the plan to maintain their placement together in an adoptive home?

Y

N ➤ Explain: \_\_\_\_\_

➤ What are the recommendations for ongoing contact with siblings? \_\_\_\_\_

No ➤ Does the child have siblings with whom he/she should be placed?

Y ➤ List siblings: \_\_\_\_\_

➤ Describe the process that led to the decision to separate the children in foster care: \_\_\_\_\_

N ➤ What are the recommendations for ongoing contact with siblings? \_\_\_\_\_

Undetermined ➤ Is evaluation by a therapist needed regarding sibling reunification?

Y

N

## **III. Birth Family Considerations**

A. Is the child continuing visits with birth mother or birth father?  Y  N

B. Is the child hoping for or expecting reunification with the birth parents?

Y ➤ Explain: \_\_\_\_\_

N

C. Have biological family members been thoroughly explored as resources?

Y

N

Explain: \_\_\_\_\_

D. Does the child have a relationship with other birth family members?

Y ➤ Identify the family member(s) and describe the nature of the relationship/attachment:

N \_\_\_\_\_

## **IV. Child's Understanding and Functioning**

A. Does the child understand the concept of adoption?

Y

N ➤ Describe factors that might affect the child's ability to understand and express wishes around the concept of adoption: \_\_\_\_\_

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B. What does the child say he/she wants for a future living situation? ("I want to live with birthparents, live with sibs, stay with foster parents", etc.) \_\_\_\_\_

C. Who has presented the idea of adoption to the child (county worker, foster parent, state or BMCW permanency consultant)? \_\_\_\_\_

D. Is the child willing to participate in an adoption plan?

- Y
- N > Explain: \_\_\_\_\_

E. Is the child willing and able to work through grief and loss issues?

- Y
- N > Explain: \_\_\_\_\_

## **V. Attachment & Bonding**

A. Is the child attached to the current caretaker?

- Y > Describe the relationship: \_\_\_\_\_
- N

B. Has the child made previous healthy attachments?

- Y > Explain: \_\_\_\_\_
- N > What is the child's capacity to attach to a caretaker? \_\_\_\_\_

## **VI. Counseling and other service needs**

A. Does the child currently have a therapist?

- Y > List name(s) of therapist(s) and length of time services have been provided:  
\_\_\_\_\_
- N \_\_\_\_\_

B. What is the child's diagnosis? \_\_\_\_\_

C. What evaluations of the child have been completed? Include dates and conclusions? \_\_\_\_\_

D. What other evaluation, services or assistance are indicated for the child? \_\_\_\_\_

## **VII. Adoptive Placement Considerations & Readiness**

A. Are there potential adoptive resources for the child?

- Unknown > List recruitment methods to be utilized: \_\_\_\_\_
- Y > List contact information re: family and agency: \_\_\_\_\_
- N > Explain why child is unable to be matched with an adoptive family at this time:  
> What is the best permanency plan for the child at this time?
  - Long-term foster care
  - Sustaining care {48.428}
  - Kinship care
  - Guardianship with a relative {48.977})